MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09780600

FILING DATE 2-9-01

APPLICANT(S)

BEST AVAILABLE COPY

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
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49		/						99						
50		/						100						
TOTAL IND.	/							TOTAL IND.						
TOTAL DEP.	29							TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						